

State of California  
Department of Pesticide Regulation  
**TRAVEL EXPENSE CLAIM**  
DPR-027 (Rev. 3/04)

See Instructions and Privacy Statement on Reverse Side

Page 1 of 1

<input type="checkbox"/> Out-of-State Trip No. _____ <input checked="" type="checkbox"/> Travel <input type="checkbox"/> Training										
Claimant's Name Mary-Ann Warmerdam					Telephone Number 916-445-4000			Employee Number E000113420		
Home Address P.O. Box 467			City Yolo		State CA		Zip Code 95697		Position Director	
Headquarters Address 1001 I Street			City Sacramento		State CA		Zip Code 95814		Branch Executive Office	
CB/I No. Exempt										

(1) Month/Year 9/09	(2) Time Depart Return	Date	(3) Location Where Expenses Were Incurred (Between what Points)	(4) Lodging	(5) Meals			(6) Incid'l	(7) Transportation				(8) Business Expense	(9) Total Expenses for Day
					Breakfast	Lunch	Dinner		(A) Cost	(B) Type	(C) Tolls Carfare Pkg.	(D) Private Car Miles Amt.		
0730		16	Sac. to Tuolumne to Mariposa	92.50		10.00	18.00			SC				120.50
	1900	17	Mariposa/Calaveras/Amador/Sac.		6.00	10.00	18.00	6.00		SC				40.00
			RE: MEET W/COUNTY AG COMMISSIONERS											0.00
														0.00
1500	2100	28	Sac. to Modesto and Return				18.00			SC				18.00
			RE: STATE IMPLEMENTATION PLAN HEARING											0.00
														0.00
0700	1800	30	Sac. to Burbank to LA and Return						110.00	SC, A, T	15.00			125.00
			RE: MEET W/ALLIANCE GRANT RECIPIENT, ORGANIC GROWER, AND GREEN CHEM. CONSULTANT											0.00
														0.00
														0.00
														0.00
Sub Total (Acct. Use Only)														
TRAVEL ADVANCE				\$										
(10) CLAIM TOTAL				\$ 303.50										

(11) Purpose of Trip, Remarks & Details  
 9/30:(7)(A): taxi fares (receipts attached)  
 9/30:(7)(C): parking at Sacramento Airport (receipt attached)

(12) Normal Work Hours  
0800-1700

(13) Private Vehicle License No.

(14) Mileage Rate Claimed

(15) I HEREBY CERTIFY, that the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750 - 0754 pertaining to vehicle safety and seat belt usage.

Claimant Signature: Date: 19 October 2009

(16) Signature of Officer Approving Travel and Payment: Special Expense Authorization (See item 17 on reverse)

(18) Program Use				Accounting Use Only					
Index	PCA	%		Obj. Code	Amount	Tax	Non-Tax	Check Number	TEC Amt. Due
2100	13000	100							

Forward original and one copy, with required vouchers/receipts, (original and one copy), to DPR's Accounting Office